

*For review by [illegible]  
Physician*  
*The Medications he takes will not allow even sedentary work*

**The Home Depot  
Physical Capabilities Evaluation Form**

Please complete the following items based on your clinical evaluation of Juan Lopez

Associate Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

In an 8 hour workday, the associate can (circle one selection) could:

	1	2	3	4	5	6	7	8	(Hours)	Constantly	With Rest
Sit	✓								1 (Hours)		
Stand									8 (Hours)		
Walk									8 (Hours)		
Push									8 (Hours)		

Please check the maximum lift and frequency that the associate can perform:

Amount of Weight	Never	Occasionally 1-25%	Frequently 26-65%	Constantly Unlimited
1-10 lbs				
11-25 lbs				
26-50 lbs				
51-100 lbs				
Over 100 lbs				

Please check the frequency that the associate can perform the following activities:

Activity	Never	Occasionally 1-25%	Frequently 26-65%	Constantly Unlimited
Climbing				
Reaching				
Twisting				
Bending				
Crouching				
Stair Use				
Reaching				

Please check the degree of work this associate can perform. Volume II of the Dictionary of Occupational Titles, pages 484-495, published by the U.S. Department of Labor (2nd ed. 1980) describes the work in terms of strength required:

**Light Work:** Lifting 10 lbs. maximum and occasionally lifting or carrying such weight up to 20 lbs. and pushing or pulling up to 30 lbs. constant. A job in this category involves working most of the time with a degree of precision not requiring great accuracy, and which is not physically demanding.

**Medium Work:** Lifting 25 lbs. maximum with frequent lifting and carrying of objects weighing up to 15 lbs. Even though the weight lifted may be only a negligible amount, a job in this category involves working most of the time with a degree of precision not requiring great accuracy, and which is not physically demanding.

**Heavy Work:** Lifting 50 lbs. maximum with frequent lifting and carrying of objects weighing up to 25 lbs.

**Very Heavy Work:** Lifting 100 lbs. maximum with frequent lifting and carrying of objects weighing up to 50 lbs.

**Extremely Heavy Work:** Lifting 200 lbs. maximum with frequent lifting and carrying of objects weighing up to 100 lbs.

Environmental Restrictions: \_\_\_\_\_ Yes (Please Specify)

Signature: [Signature] Date: 3/22/04

88 61 0002 07 044  
TOTAL P 12

ATTN: NIC

718 546-1154

Dept Dorm 2-A

Dr Warden

RE: Jason Reyes

3490662628

Medical Info:



# Neuroscience Associates of New York

1099 Tanager Street, Staten Island, NY 10314 • 718/448-3210 • Fax 718/815-3379

## Neurology

Stephen A. Kuck MD, FAAN, FACP  
Steven J. Schwartzberg MD  
Anthony J. Robin MD

## Pain Management

Germaine N. Rowe MD, FAAPMR  
Glenn D. Batus DO

Neurological Surgery  
Adam M. Chang MD, FACS  
John S. Shau MD, FACS  
Anthony J. Austin MD

## Emotion

Harvey E. Levitt MD, FACS  
Neuropsychology  
Pauline L. Weiss PhD

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, dropletary changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours, Cymbalta, 60 milligrams a day, and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718-448-3210 ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.  
Germaine N. Rowe, M.D.

NAW

DATE: 10/15/2007 BY: 1271 160

3020 4th Avenue, Brooklyn, NY 11279 • 718/238-0878  
A Division of HEALTHCARE ASSOCIATES • Medicine PC

Page 1 of 1

NYC 000126



# HEALTHCARE ASSOCIATES in Medicine, PC

1000 Fulton Street, Suite 1000, New York, NY 10004 • Phone: (212) 442-3210 • Fax: (212) 442-9085

## FAX TRANSMISSION

DATE: 2/13/06  
TO: Rosaria 398-8995

*Neurom*

COMPANY:

FAX:

RE:

Number of p

MESSAGE:

## Neuroscience Associates of New York

A Division of HEALTHCARE ASSOCIATES in Medicine  
1000 Fulton Street, Suite 1000, New York, NY 10004 • Phone: (212) 442-3210  
1000 4th Avenue, Brooklyn, NY 11209 • Phone: (718) 398-0878

### Neurology

Stephen A. Fuchs, MD, FAHA, FACP  
Steven J. Schwab, MD  
Nancy L. Wilson, MD  
Pain Management  
Bernard H. Topp, MD, FAHA, FACP  
Serving South NJ

Neurological Surgery  
Linda M. O'Hara, MD, FACS  
John A. O'Hara, MD, FACS  
Anthony J. O'Hara, MD  
Serving South NJ  
718-442-3210

Neurological Surgery  
Linda M. O'Hara, MD, FACS  
John A. O'Hara, MD, FACS  
Anthony J. O'Hara, MD  
Serving South NJ  
718-442-3210

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718-442-3210

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Anthony J. O'Hara, MD  
Serving South NJ  
718-442-3210

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John A. O'Hara, MD, FACS  
Linda M. O'Hara, MD, FACS  
Anthony J. O'Hara, MD

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John A. O'Hara, MD, FACS  
Linda M. O'Hara, MD, FACS  
Anthony J. O'Hara, MD

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John A. O'Hara, MD, FACS  
Linda M. O'Hara, MD, FACS  
Anthony J. O'Hara, MD

### Neurology

John A. O'Hara, MD, FACS  
Linda M. O'Hara, MD, FACS  
Anthony J. O'Hara, MD

Re: Reyes, Guyson

To Whom It May Concern:

Please be advised that the above named patient is under my care for chronic foot pain so reflex sympathetic dystrophy (RSD).

may return to work full duty

may return to work with the following limitations:

may not return to work

is unable to drive a car

It is treated medically for his pain symptoms with a regimen of Oxycodone 20mg every 12 hours, Gabapentin 300mg/day, and Lidocaine patches 12 on, 12h off. He also uses Provigil 300mg/day. If you have any further questions, please contact me. Sincerely, Dr. Robert H. O'Hara

This fax may contain confidential information. If you are not the intended recipient, you should not disseminate this information.

This fax may contain confidential information. If you are not the intended recipient, you should not disseminate this information.

1000 4th Avenue



# HEALTHCARE ASSOCIATES in Medicine, PC

1099 Longue Street, Staten Island, NY 10314 • Phone: (718) 446-3210 • Fax: (718) 442-9283

## FAX TRANSMISSION

DATE 4/11/06  
 TO Rebecca  
 COMPANY:  
 FAX: 392-8925  
 RE

FROM Naomi  
 DEPT:  
 FAX: 718-447-7192  
 TEL 718-446-8210 X

PHYSICIAN:  
 Stephen A. Feld, MD, MAB, DCP  
 Stephen A. Feld, MD  
 PHARMACEUTICAL:  
 Susan R. Scheraga, MD  
 Louis M. Scheraga, MD  
 CHEMIST:  
 Robert A. Jung, MD, MCI  
 John C. Scheraga, MD  
 Anthony A. Scheraga, MD  
 Steven R. Scheraga, MD, MCI  
 BIOLOGICAL:  
 Stephen J. Feld, MD, MCI  
 Robert A. Jung, MD, MCI  
 Albert R. Scheraga, Jr., MD  
 John C. Scheraga, MD  
 David A. Scheraga, MD  
 Louis M. Scheraga, MD, MCI

OFFICIAL NEW YORK STATE PRESCRIPTION

Prescription Number: 392-8925

Prescription Date: 4/11/06

Prescription Time: 10:00 AM

Prescription Location: Staten Island, NY

Prescription Physician: Naomi

Prescription Patient: Rebecca

Prescription Drug: 392-8925

Prescription Dose: 100mg

Prescription Frequency: 1x daily

Prescription Expiration: 4/11/06

Prescription Signature: Naomi

Prescription Stamp: 392-8925

OFFICIAL NEW YORK STATE PRESCRIPTION

Prescription Number: 392-8925

Prescription Date: 4/11/06

Prescription Time: 10:00 AM

Prescription Location: Staten Island, NY

Prescription Physician: Naomi

Prescription Patient: Rebecca

Prescription Drug: 392-8925

Prescription Dose: 100mg

Prescription Frequency: 1x daily

Prescription Expiration: 4/11/06

Prescription Signature: Naomi

Prescription Stamp: 392-8925

9220 4th Avenue  
 Brooklyn, NY 11209

7311 Hylan Boulevard  
 Staten Island, NY 10314

66 Columbia Avenue  
 Staten Island, NY 10314

1460 Victory Boulevard  
 Staten Island, NY 10314

NYC 000129

1. The above information was obtained from the files of the FBI, New York Office, and is being furnished to you for your information.

U.S. DEPT. OF JUSTICE

650 439 572  
(716) 439 572

[illegible]

\*\*\*\*\* THIS REPORT CONTAINS PATIENT HEALTH INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA \*\*\*\*\*  
\*\*\*\*\* THIS INFORMATION MUST BE USED AND STORED IN ACCORDANCE WITH RITE AID PRIVACY POLICIES \*\*\*\*\*



*For regular working  
physically  
The Medications he takes will  
not allow even sedentary  
work*

**Physical Capacity Evaluation Form**

Please complete the following items based on your physical evaluation on Task - Carry

Applicant Name: DOB CAID Number: 000000000000000000 Date of Injury: 00/00/00

In an 8 hour workday, the activities are (circle one selection each)

	1	2	3	4	5	6	7	8	Hours	Continually	With Rest
Sit	1	2	3	4	5	6	7	8	(Hours)		
Stand	1	2	3	4	5	6	7	8	(Hours)		
Walk	1	2	3	4	5	6	7	8	(Hours)		
Other	1	2	3	4	5	6	7	8	(Hours)		

Please check the maximum weight and frequency that the applicant can lift/carry:

Amount of Weight	Never	Occasionally	Frequently	Continually
1 - 10 lbs		1 - 2%	14 - 66%	Continually
11 - 20 lbs				
21 - 30 lbs				
31 - 40 lbs				
Over 40 lbs				

Please check the frequency that the applicant can perform the following activities:

Activity	Never	Occasionally	Frequently	Continually
Carrying		1 - 2%	14 - 66%	Continually
Pushing				
Pulling				
Twisting				
Reaching				

Please check the degree of work this applicant can perform. Volume II of the Dictionary of Occupational Titles, pages 684 - 695, published by the US Department of Labor (2nd ed. 1960) classifies jobs according to work in terms of strength required:

**Light Work** - Lifting 15 lbs. maximum and occasionally lifting and carrying such work as boxes, bags, and small cases. Although a primary job is defined as one which is lifting, a certain amount of walking and standing is often necessary in carrying out job duties. Only one voluntary lifting and carrying are required only occasionally and when such work is not the main duty.

**Medium Work** - Lifting 25 lbs. maximum with frequent lifting and carrying of objects weighing up to 15 lbs. If the work is of a highly skilled nature, a job is not necessary for about working most of the time with a degree of precision and judgment or of long periods of time in a fixed position or standing to a significant degree.

**Heavy Work** - Lifting 35 lbs. maximum with frequent lifting and carrying of objects up to 25 lbs.

**Very Heavy Work** - Lifting 45 lbs. maximum with frequent lifting and carrying of objects up to 35 lbs.

**Extremely Heavy Work** - Lifting 55 lbs. maximum with frequent lifting and carrying of objects up to 45 lbs.

Environmental Restrictions: None Yes (If over 5 percent) 3/23/07  
 Night and Time None Date 3/23/07



## Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

### Neurology

Stephen A. Kulick, M.D., F.A.A.N., F.A.C.P.  
Steven B. Schwartzberg, M.D.  
Audrey L. Halpern, M.D.

### Pain Management

Germaine N. Rowe, M.D., F.A.A.P.N.R.  
Glenn D. Babus, D.O.

### Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.  
John S. Shloul, M.D., F.A.C.S.  
Anthony J.G. Alastro, M.D.

### Emeritus

Harvey R. Leventhal, M.D., F.A.C.S.

### Neuropsychology

Reuven L. Weiss, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours; Cymbalta, 60 milligrams a day; and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.  
Germaine N. Rowe, M.D.

NA/tw

Voloc ID: 158777167ext ID: 12711583



The Home Depot  
Physical Capacities Evaluation Form

Please complete the following items based on your clinical evaluation of **JASON REYES**

Associate Name:

Claim Number:

Date of Injury:

DOB:

Social Security Number:

In an 8 hour workday, the associate can: (circle one selection each)

Sit	1	2	3	4	5	6	7	8	(Hours)	Constantly	With Rest
Stand	1	2	3	4	5	6	7	8	(Hours)		
Walk	1	2	3	4	5	6	7	8	(Hours)		
Drive	1	2	3	4	5	6	7	8	(Hours)		

Please check the maximum limit and frequency that the associate can lift/carry:

Amount of Weight	Never	Occasionally 0 - 33%	Frequently 34 - 66%	Constantly Unlimited
1 - 10 lbs.				
11 - 20 lbs.				
21 - 50 lbs.				
51 - 100 lbs.				
Over 100 lbs.				

Please check the frequency that the associate can perform the following activities:

Activity	Never	Occasionally 0 - 33%	Frequently 34 - 66%	Constantly Unlimited
Climbing				
Reaching				
Stooping				
Kneeling				
Crouching				
Crawling				
Reaching				

Please check the degree of work this associate can perform. Volume II of the Dictionary of Occupational Titles, pages 654 - 655, published by the U.S. Department of Labor (3rd ed. 1945) classifies the degree of work in terms of strength required:

Sedentary Work: Lifting 10 lbs. maximum and occasionally lifting and/or carrying such articles as books, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

Light Work: Lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs. Even though the weight lifted may be only negligible amount, a job in this category involves standing most of the time with a degree of pushing and pulling of arm or leg controls, or when it requires walking or standing to a significant degree.

Medium Work: Lifting 30 lbs. maximum with frequent lifting and/or carrying of objects up to 25 lbs.

Heavy Work: Lifting 100 lbs. maximum with frequent lifting and/or carrying of objects up to 50 lbs.

Very Heavy Work: Lifting objects in excess of 100 lbs. with frequent lifting and/or carrying of objects weighing 50 lbs. or more.

Environmental Restrictions: None Yes (Please describe)

Signature/Title

Date

MAR-23-2004 18:56  
TOTAL P.10

NYC 000132

## STATE OF NEW YORK - WORKERS' COMPENSATION BOARD

## PRACTITIONER'S REPORT OF INDEPENDENT MEDICAL EXAMINATION

A copy of each report of Independent Medical Examination shall be submitted on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier or self-insured employer, the claimant's attending physician or other attending practitioner, the claimant's representative, if any, and the claimant.

CHECK ONE: ☐ PHYSICIAN ☐ PODIATRIST ☐ CHIROPRACTOR ☐ PSYCHOLOGIST  
THIS EXAMINATION WAS REQUESTED BY: ☐ CARRIER/EMPLOYER ☐ CLAIMANT

NYS CASE NO. 0024 8581		CARRIER CASE NO. (IF KNOWN) 1E78119HD	DATE OF INJURY 9/16/2002	INJURED PERSON'S SOCIAL SECURITY NUMBER 123-66-7176	DATE OF EXAMINATION 3/23/2004
INJURED PERSON	(First Name) Jason (Middle Name) Reyes (Last Name)		ADDRESS (Include Apt. No.) 252 60th Street Brooklyn, NY 11220		
EMPLOYER	Home Depot				
INSURANCE CARRIER	Sedgwick CMS		3 Huntington Quad South Wing Metairie, NY 11747		
* EXAMINER CONDUCTED THIS EXAMINATION: AS AN EMPLOYEE OF AN AEC COMPANY, OR UNDER CONTRACT OR ARRANGEMENT WITH AN AEC COMPANY, STATE NAME AND WORKERS' COMPENSATION BOARD REGISTRATION NUMBER OF THE COMPANY					
MED CONTROL EVALUATION - 101 CEDAR SWAMP RD. - GLEN COVE, NY 11542 - #010057					

Results of Examination (continue on reverse or attach additional sheets, if necessary)

I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition.

Dr. Andrew Weiss

Practitioner's Name

Practitioner's Signature

Date

1021 Ave Z - corner of E. 11th Street - Brooklyn, NY 11235

Practitioner's Address

IME Authorization No.

NO PRACTITIONER EXAMINING OR EVALUATING A CLAIMANT UNDER THE WORKERS' COMPENSATION LAW NOR ANY SUPERVISING AUTHORITY OR PROPRIETOR NOR INSURANCE CARRIER OR EMPLOYER MAY CAUSE, DIRECT OR ENCOURAGE A REPORT TO BE SUBMITTED AS EVIDENCE IN WORKERS' COMPENSATION CLAIM ADJUDICATION WHICH DIFFERS SUBSTANTIALLY FROM THE PROFESSIONAL OPINION OF THE EXAMINING PRACTITIONER. SUCH AN ACTION SHALL BE CONSIDERED WITHIN THE JURISDICTION OF THE WORKERS' COMPENSATION FRAUD INSPECTOR GENERAL AND MAY BE REFERRED AS A FRAUDULENT PRACTICE.

IME-4 (11-01)

TOTAL P.02

NYC 000133

02/13/06  
18.01.43

REYES, JAYSON  
252 50TH ST  
BROOKLYN NY 11220-1711  
(718) 439-0721

RITE AID- 6201-4TH AVE  
6201-23 FOURTH ST  
BROOKLYN NY 11220-4615  
(718) 567-0476

CUSTOMER HISTORY REPORT  
01/01/05 TO 02/12/06

PAGE: 1

TOTAL P.010

RX CF	RF	DATE	NDC	PH	INIT	DESCRIPTION	CLAIM REF	QTY DISP	DAYS SUPPLY	RETAIL PRICE	CUST PAID	DOCTOR	INSTRUCTION	STORE
258330		02/11/05	00406051201	OX	YCODONE	W/APAP 5/325	2583305021125	75.00	25	\$37.98	\$0.00	ROME, GERMAINE N.	Take 1 tablet ever 04269	
258329		02/11/05	63481068706	LID	DERM 5% PATCH	22625555021148	60.00	20	\$415.99	\$0.00	ALCOCK, NAOMI	Use as directed 12 04269		
258329	1	05/23/05	63481068706	LID	DERM 5% PATCH	22625555021148	60.00	20	\$415.99	\$0.00	ALCOCK, NAOMI	Use as directed 12 04269		
269591		05/31/05	00406051201	OX	YCODONE	W/APAP 5/325	25937765053176	75.00	18	\$37.98	\$0.00	ALCOCK, NAOMI	Take 1 tablet ever 04269	
269590		06/03/05	00378912198	FEN	TANYL 25 MG/HR PACH	26033695060356	10.00	30	\$132.99	\$0.00	ALCOCK, NAOMI	Take 1 tablet ever 04269		
278318		09/29/05	63481068706	LID	DERM 5% PATCH	28521445082968	60.00	20	\$437.99	\$0.00	ALCOCK, NAOMI	Apply 1 patch TO S 04269		
278319		08/29/05	00406051201	OX	YCODONE	W/APAP 5/325	28521445082968	75.00	25	\$37.98	\$0.00	ROME, GERMAINE	Take 1 tablet ever 04269	
278320		08/31/05	00172635460	OX	YCODONE	HCL 10 MG TAB	28586445083129	60.00	18	\$37.98	\$0.00	ROME, GERMAINE	Take 1 tablet ever 04269	
285447		11/07/05	00406051201	OX	YCODONE	W/APAP 5/325	30584035110756	75.00	18	\$37.98	\$0.00	ROME, GERMAINE	Take 1 tablet ever 04269	
285445		11/07/05	00002323730	CYM	BAL TA 60 MG CAPSULE	30583805110718	30.00	30	\$138.99	\$0.00	ALCOCK, NAOMI	Take 1 capsule onc 04269		
278318	1	11/07/05	63481068706	LID	DERM 5% PATCH	30583785110748	60.00	20	\$437.99	\$0.00	ALCOCK, NAOMI	WEAR UP TO 3 PATCH 04269		
285448		11/09/05	00591350201	OX	YCODONE	HCL CR 20 MG	30643755110940	60.00	30	\$170.99	\$0.00	ROME, GERMAINE	Take 1 tablet ever 04269	
278318	2	01/01/06	63481068706	LID	DERM 5% PATCH	32167256010168	60.00	20	\$437.99	\$0.00	ALCOCK, NAOMI	WEAR UP TO 3 PATCH 04269		
291346		01/02/06	00591350201	OX	YCODONE	HCL CR 20 MG	32168856010246	60.00	30	\$170.99	\$0.00	ROME, GERMAINE	Take 1 tablet by m 04269	
294458		01/30/06	00406112181	METH	YLIN 5 MG TABLET		60.00	30	\$29.99	\$29.99	ROME, GERMAINE	Take 1 tablet by m 04269		
294457		01/30/06	00591350201	OX	YCODONE	HCL CR 20 MG	32925646013096	60.00	30	\$158.99	\$0.00	ROME, GERMAINE	Take 1 tablet by m 04269	

\$3,187.80

\$29.99

\*\*\*\*\* THIS REPORT CONTAINS PATIENT HEALTH INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION. \*\*\*\*\*  
\*\*\*\*\* THIS INFORMATION MUST BE USED AND STORED IN ACCORDANCE WITH RITE AID PRIVACY POLICIES. \*\*\*\*\*

NYC 000134



# HEALTHCARE ASSOCIATES in Medicine, PC

1099 Targos Street, Staten Island, NY 10304 • Phone: (718) 448-3210 • Fax: (718) 442-9085

## FAX TRANSMISSION

DATE: 2/13/06

TO: Rosana 398-8995

FROM:

Neuro

COMPANY:

FAX:

RE:

Number of p

MESSAGE:



## Neuroscience Associates of New York

A Division of HEALTHCARE ASSOCIATES in Medicine

1099 Targos Street, Staten Island, N.Y. 10304 • 718/448-3210  
9920 4th Avenue, Brooklyn, N.Y. 11209 • 718/238-0878

### Neurology

Stephen A. Kulick, M.D., FAAN, FACP  
Steven I. Schwartzberg, M.D.  
Audrey L. Halpern, M.D.

### Pain Management

Germaine R. Rowe, M.D., FAAPMR  
Gloria E. Boudreau, D.O.

### Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.  
John S. Shinn, M.D., F.A.C.S.  
Anthony J.G. Alcega, M.D.

### Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.  
John S. Shinn, M.D., F.A.C.S.  
Anthony J.G. Alcega, M.D.

Emeritus  
Harvey R. Laventhal, M.D., F.A.C.S.

### NEUROLOGY

Stephen A. Kulick, M.D., FAAN, FACP  
Audrey L. Halpern, M.D.

### PEDIATRIC NEUROLOGY

Steven I. Schwartzberg, M.D.  
Loree M. Jellison, M.D.

### NEUROSURGERY

Edwin M. Chang, M.D., F.A.C.S.  
John S. Shinn, M.D.  
Anthony J.G. Alcega, M.D.  
Harvey R. Laventhal, M.D., F.A.C.S.  
Emeritus

### CERTIFICATION

David J. Padgett, M.D., FACS  
Joseph A. Saper, M.D., FACS  
Burt R. Accetta, Jr., M.D.  
John R. Kelly, M.D.  
David M. A. Drucker, M.D.  
J. Glavitsky, M.D., FACS  
Deborah A. Stanley, M.D.  
Michael J. Jorgensen, M.D.

### NEURORADIOLOGY

David S. Pines, M.D., FRCR  
E. George, M.D., FRCR

### PAIN MANAGEMENT

R. Brown, M.D., FAPMR  
Gloria E. Boudreau, D.O.

### PHYSICAL THERAPY

Jeffrey L. Mancini, PT  
Jaronia Orsini, PT

### NEUROPSYCHOLOGY

Karina Niles, PhD

Date: 2/13/06  
Re: Reyes, Jayson

To Whom It May Concern:

Please be advised that the above named patient is under my care.

At the present time the patient:

\_\_\_\_\_ may return to work, full duty.

\_\_\_\_\_ may return to work with the following limitations:

\_\_\_\_\_ may not return to work.

\_\_\_\_\_ is unable to drive a car.

He is treated medically for his pain symptoms with a regimen of Oxycodone 20mg every 12 hours, Cymbalta 60mg/day, and Lidocaine patches 12 hours, 12h off. He also uses Provigil 300mg/day. If you have any further questions, please contact me.  
Sincerely, G. Rowe M.D.

This fax may be used after the recipient, you information is

This fax may be used after the recipient, you information is immediately.

9 4th Avenue

NYC 000135





# HEALTHCARE ASSOCIATES in Medicine, PC

1099 Targate Street, Staten Island, NY 10304 • Phone: (718) 448-3210 • Fax: (718) 442-9085

## FAX TRANSMISSION

DATE: 4/11/06  
 TO: Resana  
 COMPANY: \_\_\_\_\_  
 FAX: 398-8995  
 RE: \_\_\_\_\_

FROM: Naomi  
 DEPT: \_\_\_\_\_  
 FAX: 718-447-7192  
 TEL: 718-448-3210 X

NEUROLOGY  
 Stephen A. Koffel, MD, FAHA, FAAP  
 Audrey L. Halpern, MD

PEDIATRIC NEUROLOGY  
 Steven B. Schwartzberg, MD  
 Leslie M. Arnold, MD

NEURO SURGERY  
 Edwin M. Chang, MD, FACS  
 John S. Shinn, MD  
 Anthony J.E. Alstara, MD  
 Harvey R. Lennard, MD, FACS  
 Emrys

ORTHOPEDICS  
 Stephen J. Pollock, MD, FACS  
 Joseph A. Sencer, MD, FACS  
 Albert B. Acosta, Jr., MD  
 John P. Reddy, MD  
 David A. Dineen, MD  
 Joseph L. Gluckstein, MD, FACS

### OFFICIAL NEW YORK STATE PRESCRIPTION

GERMAINEN ROME, AT  
 1099 TARGATE STREET  
 STATEN ISLAND, NY 10304  
 (718) 448-3210  
 LC 2000

Patient Name: Naomi Date: 4/11/06  
 Address: 250 50th St  
Brooklyn, NY 11220

### OFFICIAL NEW YORK STATE PRESCRIPTION

GERMAINEN ROME, AT  
 1099 TARGATE STREET  
 STATEN ISLAND, NY 10304  
 (718) 448-3210  
 LC 2000

Patient Name: Naomi Date: 4/11/06  
 Address: 250 50th St  
Brooklyn, NY 11220

City: Brooklyn State: NY ZIP: 11220

Sequential  
Stimulata  
Dr. Chandra  
RSD  
Dr. Koffel

00H6FT 18

00H6FT 17

2920 4th Avenue  
 Brooklyn, NY 11209

3311 14th Avenue  
 Staten Island, NY 10306

65 Columbus Avenue  
 Staten Island, NY 10304

1460 Victory Boulevard  
 Staten Island, NY 10301

NYC 000136

**ANDREW B. WEISS, M.D., F.A.C.S.**

Diplomate American Board of Orthopaedic Surgeons  
Fellow American Academy of Orthopaedic Surgeons  
Clinical Professor of Orthopaedic Surgery UMDNJ/New Jersey Medical School  
555 Eagle Rock Ave. Suite 207 Roseland, NJ 07068  
Tel#: (973) 226-0825 Fax#: (973) 226-3853

March 23, 2004

Med Control Evaluation  
10 Cedar Swamp Road  
Glen Cove, NY 11542

RE: Jason Reyes  
CLAIM#: 1878119HD  
FILE#: MCE34962  
DATE OF ACCIDENT: September 16, 2002

To Whom It May Concern:

I had the opportunity to meet and evaluate Jason Reyes, a 21-year-old male receive/unloading person, in my Brooklyn, New York office on March 23, 2004. I am dictating this report on March 23, 2004 for an evaluation performed on March 23, 2004. He was accompanied to the evaluation by a female. My medical assistant, Erika Lerma, was present at the time of this evaluation.

**MEDICAL RECORD REVIEW:**

The following medical records were submitted for my review in preparation for this independent medical evaluation:

1. Physical therapy notes, dated 12/17/02 - 08/28/03.
2. Report by Dr. Rowe, dated 02/04/04.
3. Report by Dr. Bakhshi, dated 06/24/03.
4. Independent medical evaluation by Dr. Falvo, dated 05/22/03.
5. Independent medical evaluation by Dr. Kulick, dated 03/05/03.
6. Independent medical evaluation by Dr. Toriello, dated 01/30/03.
7. MRI report of the left foot, dated 12/04/02.
8. MRI report of the left ankle, dated 12/02/02.
9. Reports by Dr. L'Insalata, dated 09/20/02 - 07/03/03.

NYC 000137



Date: March 23, 2007

Page 2

**HISTORY:**

This claimant informs me that he is right-handed, 5 feet 8 inches tall, and weighs 200 pounds. He further states that on September 16, 2002 while at work, his left foot and ankle was crushed between two hylo machines. He was transported by ambulance from the scene of the accident to Lutheran Medical Center in Brooklyn NY, where he was clinically evaluated, treated, and x-rays were performed on his foot and ankle. He was released that same day to the care of his private physicians. He has had no surgery nor has he been hospitalized for any sequelae due to this accident.

He was reportedly treated with epidural injections for what appears to be reflex sympathetic dystrophy of the left foot and ankle. He is also being treated with several medications, including Vicodin, Trileptal and Nebutin. He is experiencing severe pain about the medial aspect of the left foot and ankle; even the slightest touch causes trembling of the limb and withdrawal.

**PAST MEDICAL HISTORY/SOCIAL HISTORY:**

Past history reveals he is in good health and has had no major operative interventions performed upon his body. He denies any history of similar conditions, prior or subsequent accidents. He denies taking medication besides those for his reflex sympathetic dystrophy.

His work status reveals he has not worked since September 16, 2002, the day the accident occurred.

He reveals that he is single and has a four year old child. He admits to being a social drinker and smokes approximately one pack of cigarettes per day.

**PHYSICAL EXAMINATION:****LEFT FOOT AND ANKLE:**

Examination of the left foot and ankle is consistent with reflex sympathetic dystrophy. He has withdrawal and trembling with even the slightest touch to the medial aspect of the left foot. There is some coldness and modeling of the skin on the medial aspect of the left foot and ankle. There is limitation of the left foot and ankle to approximately 80 percent normal in all planes. Strength is reduced to 80 percent normal in all planes.

**DIAGNOSES:**

1. Reflex sympathetic dystrophy left foot and ankle, causally related to the accident of September 16, 2002 by claimant history.

Date: March 23, 2008

Page 3

SUMMARY:

I would place degree of causally related disability as marked. If the claimant's history is accepted, there is a causal relationship between the reflex sympathetic dystrophy and the crush injury of September 16, 2002. There is a need for physical therapy at the frequency of three times per week for ten weeks after which a re-evaluation is suggested. There is also a need for the medications he is receiving. He is unable to work at this time. I have completed and enclosed the Home Depot evaluation form.

I, Andrew B. Weiss, M.D. being a physician duly licensed to practice in the State of New York, hereby affirm under penalties of perjury, that the statements contained herein are true and accurate. ~~The captioned claimant was examined in accordance with the restrictive rules concerning an independent examination.~~ It is understood that no doctor/patient relationship exists or is implied by this examination. The claimant was examined with reference to the specific complaints emanating from the original injuries. Any other medical conditions, which are found unreported or unrelated to the original injuries are to be considered beyond the scope of this examination.

I declare under the penalties of perjury that the information contained within this document was prepared and is the work product of the undersigned and is true to the best of my knowledge and information.

I will be available for Worker's Compensation testimony in Brooklyn on the second Monday of each month, after 1:30 P.M.; in Manhattan on the third Monday, after 1:30 P.M.; and in Queens on the fourth Monday, after 1:30 P.M. Hearings for all other locations are by telephone. Telephone hearings are by appointment only and must be scheduled with my office to avoid conflict.

Please feel free to contact my office, if additional information is required on this case.

Sincerely,



Andrew B. Weiss, M.D., F.A.C.S.  
New York Medical License No.: 105462  
ABW/ssc/lcj

cc: clmt

adj.

Antony  
WCB

Attn: Dr. Warden

7:8. 546. 5951

RE: Jason Reyes

3490602628

7 main

Medical Information

NYC 000140

## CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name \_\_\_\_\_ DOB \_\_\_\_\_

FROM \_\_\_\_\_  
Correctional institution \_\_\_\_\_ Inmate no. \_\_\_\_\_

Referred to \_\_\_\_\_ Ward / Clinic \_\_\_\_\_

Hospital \_\_\_\_\_ / Clinic no. \_\_\_\_\_

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,  
including lab values and x-ray findings:

Request:

Date \_\_\_\_\_ Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Approved \_\_\_\_\_  
Gabriel Jean Louis, MD

Consultation, findings and recommendations:

NYC 000141

ate \_\_\_\_\_ Physician \_\_\_\_\_

## CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name 10/1/03 DOB 10/1/03  
FROM 10/1/03  
Correctional institution Inmate no.  
Referred to \_\_\_\_\_ Ward / Clinic  
Hospital / Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,  
including lab values and x-ray findings:

Request:

Date \_\_\_\_\_ Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_ Approved \_\_\_\_\_

Consultation, findings and recommendations:

Date \_\_\_\_\_ Physician \_\_\_\_\_

BBKC/MDC  
125 WHITE STREET  
NEW YORK, NY 10013  
(212) 225-1458 (C0045-4)

NAME: REYES, JASON  
BOOK/CASE: 3490602628  
DOB: 01/13/1983

-FINAL- Original Report 02/14/2006

REYES, JASON

3490602628

BBKC/MDC

101053919 02/12/2006

02/12/2006 22:36 4/12/2006 08:24 23 Y M

Test Description	Result	Reference Range
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Redacted

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Report ID: IRC00100

**Pharmacy Order**

Sorted by: Start Date

3/30/2006

10:26:47 PM

Name: **Reyes, Jason**Book & Case: **349-06-02628**NYSID: **0470442Y**DOB: **1/13/1983**Site/Housing: **MDC/4S**Drug: **Naprosyn**Dosage: **500MG**Form: **Tab**SIG: **500 MG PO BID**Reason: **Other - PAIN**Start: **3/30/2006**Duration: **5 days**Written by: **Celia Tindale, PA - Physician Assistant**Approved by: **Franklin Mejia, Physician**

Pharm: \_\_\_\_\_

Allergies: **NKA****DC:**Name: **Reyes, Jason**Book & Case: **349-06-02628**NYSID: **0470442Y**DOB: **1/13/1983**Site/Housing: **MDC/4S**Drug: **Robaxin**Dosage: **500MG**Form: **Tab**SIG: **500MG PO BID**Reason: **Other - PAIN**Start: **3/30/2006**Duration: **7 days**Written by: **Celia Tindale, PA - Physician Assistant**Approved by: **Franklin Mejia, Physician**

Pharm: \_\_\_\_\_

Allergies: **NKA****DC:**



# Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

## Neurology

Stephen A. Kulick, M.D., F.A.A.N., F.A.C.P.  
Steven B. Schwartzberg, M.D.  
Audrey L. Halpern, M.D.

## Pain Management

Germaine N. Rowe, M.D., F.A.A.P.M.R.  
Glenn D. Babus, D.O.

## Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.  
John S. Shloul, M.D., F.A.C.S.  
Anthony J.G. Alastro, M.D.

## Emeritus

Harvey R. Loventhal, M.D., F.A.C.S.

## Neuropsychology

Reuven L. Weiss, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours; Cymbalta, 60 milligrams a day; and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.  
Germaine N. Rowe, M.D.

NA/tw

Voice ID: 15877716 Text ID: 12751583



THE NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
BUREAU OF CORRECTIONAL HEALTH SERVICES

*Redacted*

[Redacted]



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

45

Redacted

## NEW YORK STATE DEPARTMENT OF HEALTH

AD5 Unstayed

## to Perform

health care provider has encouraged  
testing and has given the victim

WHAT IS THE RISK THAT

- [illegible]

[REDACTED]

[REDACTED]

Signature: [Redacted] (legally authorized representative)

Date:                     

If legal representative, indicate relationship to subject:

Printed Name: MAUREEN POWELL

Medical Record #: [REDACTED]

Except for expected HIV testing rates, this study replicates the HIV testing rates found in the 2005 survey.

**NOTE: this form is intended to be used in conjunction with DOH-2556i, Part A.**

DOH-2556 (5/05)

NYC 000148



# Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

## Neurology

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If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.

Germaine N. Rowe, M.D.

NA/tw

Voice ID: 15877716/Tax ID: 12751583



Report ID: IRC00100

**Pharmacy Order**

Sorted by: Start Date

2/17/2006

10:17:14 AM

Name:	<b>Reyes, Jason</b>	Book & Case:	<b>349-06-02628</b>	NYSID:	<b>0470442Y</b>
DOB:	<b>1/13/1983</b>	Site/Housing:	<b>MDC/4S</b>		
Drug:	<b>Tylenol</b>			Dosage:	<b>325MG</b>
Form:	<b>Tab</b>	SIG:	<b>2 tab s po qid prn</b>		
Reason:	<b>Other - pain</b>	Start:	<b>2/17/2006</b>	Duration:	<b>5 days</b>
Written by:	<b>Jacques Lorthé, PA - Physician Assistant</b>				
Approved by:	<b>Cristian Pedestru, Physician</b>				
Allergies:	<b>NKA</b>			Pharm:	_____

**DC:**

Name:	<b>Reyes, Jason</b>	Book & Case:	<b>349-06-02628</b>	NYSID:	<b>0470442Y</b>
DOB:	<b>1/13/1983</b>	Site/Housing:	<b>MDC/4S</b>		
Drug:	<b>Naproxen</b>			Dosage:	<b>500MG</b>
Form:	<b>Tab</b>	SIG:	<b>1 tab po bid</b>		
Reason:	<b>Other - pain</b>	Start:	<b>2/17/2006</b>	Duration:	<b>7 days</b>
Written by:	<b>Jacques Lorthé, PA - Physician Assistant</b>				
Approved by:	<b>Cristian Pedestru, Physician</b>				
Allergies:	<b>NKA</b>			Pharm:	_____

**DC:**

Report ID: IRC00100

**Pharmacy Order**

Sorted by: Start Date

2/28/2006

10:02:06 PM

Name: **Reyes, Jason**  
DOB: **1/13/1983**  
Drug: **Naproxen**  
Form: **Tab**  
Reason: **Other - pain**  
Written by: **Franklin Mejia, Physician**  
Approved by: **Franklin Mejia, Physician**  
Allergies: **NKA**

Book & Case: **349-06-02628**  
Site/Housing: **MDC/4S**  
SIG: **500 mgrs PO BID**  
Start: **2/28/2006**

NYSID: **0470442Y**Dosage: **500MG**Duration: **5 days**

Pharm: \_\_\_\_\_

**DC:**

Name: **Reyes, Jason**  
DOB: **1/13/1983**  
Drug: **Tylenol**  
Form: **Tab**  
Reason: **Mental Health - pain**  
Written by: **Franklin Mejia, Physician**  
Approved by: **Franklin Mejia, Physician**  
Allergies: **NKA**

Book & Case: **349-06-02628**  
Site/Housing: **MDC/4S**  
SIG: **2 tabs PO Q8Hrs PRN**  
Start: **2/28/2006**

NYSID: **0470442Y**Dosage: **325MG**Duration: **5 days**

Pharm: \_\_\_\_\_

**DC:**

Report ID: IRC00100

**Pharmacy Order**

2/12/2006

Sorted by: Start Date

3:44:49 AM

Name: **Reyes, Jason**

Book & Case: **349-06-02628**

NYSID: **0470442Y**

DOB: **1/13/1983**

Site/Housing: **MDC/RR**

Drug: **Motrin**

Dosage: **400MG**

Form: **Tab**

SIG: **BID**

Reason: **Other - PAIN L ANKLE**

Start: **2/12/2006**

Duration: **4 days**

Written by: **Issa Madhoun, Physician**

Approved by: **Issa Madhoun, Physician**

Pharm: \_\_\_\_\_

Allergies: **NKA**

**DC:**

---

# CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name	<u>River, Jason</u>	DOB	<u>1/1/83</u>
FROM	<u>BXCI</u>	Correctional institution	<u>124900-2625</u>
		Inmate no.	
Referred to	<u>D.O.C.</u>	Ward / Clinic	
Hospital		/ Clinic no.	

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,  
including lab values and x-ray findings:

2  
Ira Gornish, RPA

Request:

Date \_\_\_\_\_ Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_ Approved \_\_\_\_\_

Consultation, findings and recommendations:

ate \_\_\_\_\_ Physician \_\_\_\_\_

Reminder: Fully Complete the Problem List

NYC 000153



DIVISION OF HEALTH CARE ACCESS AND  
IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

### URINE DIPSTICK AND DRUG TESTING

Patient's Last Name Reyes	First Name Jason	NYSID Number 0470442Y
Book & Case Number 349-06-02628	DATE 2/12/2006	TIME 2:54 AM
TESTED BY:		
PRINT NAME <i>afare</i>	SIGNATURE <i>afare</i>	TITLE <i>h</i>
RESULTS		
REFERENCE RANGE		

Redacted

2/12/2006 2:54:30 AM

NYC 000154

**RIKERS ISLAND  
DETENTION COMPLEX**

# GENERAL LABORATORY TESTING REQUISITION

## RIKERS ISLAND FACILITIES

L C0034-8 ARDC (C-74)      L C0041-3 MHC (C-71)  
 L C0036-3 AMKC (C-95)      L C0038-9 NIC  
 L C0046-2 EMTC (C-76)      L C0040-5 OBC  
 L C0035-5 GMDC (C-73)      L C0048-8 RMSC  
 L C0047-0 GRVC  
 L C0037-1 JATC  
 L C0039-7 Westc DU

## DETENTION COMPLEXES

LC0042-1 VCBC  
 (BRONX)  
 X LC0045-4 BDKC  
 (MANHATTAN)  
 LC0044-7 BDC  
 (BROOKLYN)  
 LC0043-9 QDC  
 (QUEENS)

First: **Jason**

Book case # 349-06-02628

Date of Birth 1-13/1983

Sex: M

Date Collected, 2/12/2006

Collected By

Ordering Physician:

## PROFILES

PROFILES	
8392-3	CHEM 20 (F, PROT, ALB, GLOB, GLU, NA, K, CL, CO <sub>2</sub> , BUN, CREAT, GGT, CAL, URIC ACID, T BILI, LDH, ALK, PHOS, ALT, CHOL)
2280-6	HEPATITIS ABC PROFILE (HepBs Ab, HepBsAg, HepBc Ab, Hepc Ab, HepAAb, w/reflex)
7402-1	Profile 7 (NA, K, CO <sub>2</sub> , CL, TOS, GLUCOSE, CRP, ALB, GLOB, WBC, DIFF, PLT)

7102-1	Profile 7 (NA, K, CO <sub>2</sub> , CL, BUN, GLUCOSE, CREAT)	(S)	2342-4 Liver Profile (T-BIL, ALB, AST, ALT, GGT, ALP, GLO, BIL, LDH, ALK, PHOS, ALT, CHOL)	(S)
0007-5	Thyroid Profile (T4, T3U, T7, TSH)	(S)		(S)

0007-5 Thyroid Profile (T4, T3U, T3SI) (S) 2342-4 Liver Profile (T-BILI, AST, LDH, GGT, T-PRO, ALB, A/P, ALT) (S)  
 0009-1 LIPID PROFILE (CHOL, TRIG, HDL, LDL) (S)

## CLINICAL TEST

CLINICAL TEST		(S)
01-6-0 (BIO) RH	(R)	
010-4 Amylase	(S)	
0102-4 Glycohemoglobin	(R)	
0108-7 Hematocrit	(S)	
0117-6 Protime - INR	(R)	

0102-4 Gb cobblemeglobin	(L)	0137-6 Protime + INR	(B)
0105-7 Hematocrit A Ab (x, reflex)	(S)	0139-6 PTT	(B)

(S)	L. 0141-2 Retiv Count	(B)
(S)	<del>L. 0142-0 RPR</del>	(L)
(S)	L. 0142-2	(S)

Age	(S)	0086-9 Seed Rate	(S)
	(S)	0066-5 Sickle Screen	(L)
	(S)	0051-1 5 ft	(L)

(S)	□ 0151-1	f4	(L)
(S)	□ 0350-6	theophylline	(S)
(S)	□ 0153-7	TSII	(R)

(S)	[L 0157-7] SH	(S)
(R)	[L 0157-8] Uric Acid	(S)
(S)	[L 0159-4] Urinalysis	(S)

0090-1 Folate (S)	0289-9 Phenobarbital (S)	0160-2 Vg B12 (D)
0098-0 Glucose (G,Y)	0327-7 Pregnancy (Serum) - quant (S)	

**BACTERIOLOGY CULTURES**

## BACTERIOLOGY CULTURES

**BACTERIOLOGY CULTURES**

## STOOL ANALYSIS

STOOL ANALYSIS

Impress - Specimen \_\_\_\_\_ - Study - Stool for WBC (SC) - C-0122-2 Occult Blood Stool (SC)  
Clinical History \_\_\_\_\_  
OTHER TEST(S) NOT LISTED \_\_\_\_\_

OTHER TEST(S) NOT LISTED ABOVE

NOT LISTED ABOVE

*[The following text is extremely faint and largely illegible due to low contrast and blurring. It appears to be a list or index of items, possibly related to the "Bibliography" section mentioned in the header.]*

PAP SMEAR

COMPLETE AND SUBMIT A BIO-REFERENCE CYTOPATHOLOGY  
VIRAL LOAD  
ENALANT FOR COMPLETION

SPUTUM CULTURE

100% COMPLETE NYC DOH REQUEST FORM ONLY (5)

~~41 Blue-Green (d.R) - Green Hepatic (c.c.) grey, p.d. to slate blue border, f  
ist RIRKRSREV 401 NW~~

INTERNAL CONTROL (LAB USE ONLY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CLAV	OUTGREEN	ARED	SEST	3Y GARY	SL BLUE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
JR GREEN	YELLOW	W PPT	REMOVAL	TRIPLE DOW	WAL CUL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OSP	OLD CUL	SPAROT SPEC	SLICE	THINRED VAL	FORMALIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RAND CAN (CUP)	24 HOUR JANINE	U-TRAN TUBE	TIMED JANINE	BAR-BORCULT	OCTO X.D.

VAL -  
LVBID -





DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

Redacted

(One Copy for Chart)

(One Copy for Counselor)  
2/12/2006 2:54:44 AM

(One Copy for Tracking)

NYC 000156

## FD-14-150 (Rev. 12-39)-Post

DISTRIBUTION: 1. WHITE - 2. BLUE - 3. PINK - DEPT OF CORRECTION - 4. BUFF - HND OF ARREST - 5. GREEN - DISTRICT COURT  
 6. RED - PROBATION DEPT OF CORRECTION - 7. PURPLE - DISTRICT COURT - 8. YELLOW - DISTRICT COURT - 9. ORANGE - DISTRICT COURT - 10. BROWN - DISTRICT COURT - 11. BLACK - DISTRICT COURT - 12. GRAY - DISTRICT COURT - 13. SILVER - DISTRICT COURT - 14. GOLD - DISTRICT COURT - 15. PLATINUM - DISTRICT COURT - 16. IRIDIUM - DISTRICT COURT - 17. COPPER - DISTRICT COURT - 18. ZINC - DISTRICT COURT - 19. ALUMINUM - DISTRICT COURT - 20. STEEL - DISTRICT COURT - 21. BRASS - DISTRICT COURT - 22. NICKEL - DISTRICT COURT - 23. CHROME - DISTRICT COURT - 24. TITANIUM - DISTRICT COURT - 25. CARBON FIBER - DISTRICT COURT - 26. Kevlar - DISTRICT COURT - 27. Fiberglass - DISTRICT COURT - 28. Concrete - DISTRICT COURT - 29. Brick - DISTRICT COURT - 30. Stone - DISTRICT COURT - 31. Wood - DISTRICT COURT - 32. Plastic - DISTRICT COURT - 33. Rubber - DISTRICT COURT - 34. Glass - DISTRICT COURT - 35. Paper - DISTRICT COURT - 36. Fabric - DISTRICT COURT - 37. Leather - DISTRICT COURT - 38. Metal - DISTRICT COURT - 39. Alloy - DISTRICT COURT - 40. Composite - DISTRICT COURT - 41. Ceramic - DISTRICT COURT - 42. Polymer - DISTRICT COURT - 43. Resin - DISTRICT COURT - 44. Epoxy - DISTRICT COURT - 45. Adhesive - DISTRICT COURT - 46. Sealant - DISTRICT COURT - 47. Coating - DISTRICT COURT - 48. Paint - DISTRICT COURT - 49. Ink - DISTRICT COURT - 50. Dye - DISTRICT COURT - 51. Pigment - DISTRICT COURT - 52. Colorant - DISTRICT COURT - 53. Additive - DISTRICT COURT - 54. Filler - DISTRICT COURT - 55. Reinforcement - DISTRICT COURT - 56. Modifier - DISTRICT COURT - 57. Stabilizer - DISTRICT COURT - 58. Hardener - DISTRICT COURT - 59. Catalyst - DISTRICT COURT - 60. Initiator - DISTRICT COURT - 61. Inhibitor - DISTRICT COURT - 62. Antioxidant - DISTRICT COURT - 63. UV Stabilizer - DISTRICT COURT - 64. Flame Retardant - DISTRICT COURT - 65. Fireproofing - DISTRICT COURT - 66. Waterproofing - DISTRICT COURT - 67. Insulation - DISTRICT COURT - 68. Soundproofing - DISTRICT COURT - 69. Vibration Dampening - DISTRICT COURT - 70. Shock Absorption - DISTRICT COURT - 71. Thermal Protection - DISTRICT COURT - 72. Radiation Shielding - DISTRICT COURT - 73. Electromagnetic Interference - DISTRICT COURT - 74. EMI Shielding - DISTRICT COURT - 75. RF Shielding - DISTRICT COURT - 76. Faraday Cage - DISTRICT COURT - 77. Faraday Shield - DISTRICT COURT - 78. Faraday Suit - DISTRICT COURT - 79. Faraday Tent - DISTRICT COURT - 80. Faraday Box - DISTRICT COURT - 81. Faraday Chamber - DISTRICT COURT - 82. Faraday Room - DISTRICT COURT - 83. Faraday Booth - DISTRICT COURT - 84. Faraday Enclosure - DISTRICT COURT - 85. Faraday Screen - DISTRICT COURT - 86. Faraday Mesh - DISTRICT COURT - 87. Faraday Net - DISTRICT COURT - 88. Faraday Cloth - DISTRICT COURT - 89. Faraday Tape - DISTRICT COURT - 90. Faraday Foil - DISTRICT COURT - 91. Faraday Paper - DISTRICT COURT - 92. Faraday Card - DISTRICT COURT - 93. Faraday Bag - DISTRICT COURT - 94. Faraday Backpack - DISTRICT COURT - 95. Faraday Vest - DISTRICT COURT - 96. Faraday Hat - DISTRICT COURT - 97. Faraday Mask - DISTRICT COURT - 98. Faraday Goggles - DISTRICT COURT - 99. Faraday Gloves - DISTRICT COURT - 100. Faraday Socks - DISTRICT COURT - 101. Faraday Shoes - DISTRICT COURT - 102. Faraday Underwear - DISTRICT COURT - 103. Faraday Sleepwear - DISTRICT COURT - 104. Faraday Bedding - DISTRICT COURT - 105. Faraday Pillows - DISTRICT COURT - 106. Faraday Blankets - DISTRICT COURT - 107. Faraday Curtains - DISTRICT COURT - 108. Faraday Drapes - DISTRICT COURT - 109. Faraday Shades - DISTRICT COURT - 110. Faraday Blinds - DISTRICT COURT - 111. Faraday Shutters - DISTRICT COURT - 112. Faraday Doors - DISTRICT COURT - 113. Faraday Windows - DISTRICT COURT - 114. Faraday Walls - DISTRICT COURT - 115. Faraday Floors - DISTRICT COURT - 116. Faraday Ceilings - DISTRICT COURT - 117. Faraday Roofs - DISTRICT COURT - 118. Faraday Foundations - DISTRICT COURT - 119. Faraday Structures - DISTRICT COURT - 120. Faraday Frameworks - DISTRICT COURT - 121. Faraday Skeletons - DISTRICT COURT - 122. Faraday Shells - DISTRICT COURT - 123. Faraday Casings - DISTRICT COURT - 124. Faraday Enclosures - DISTRICT COURT - 125. Faraday Containers - DISTRICT COURT - 126. Faraday Storage Units - DISTRICT COURT - 127. Faraday Cabinets - DISTRICT COURT - 128. Faraday Drawers - DISTRICT COURT - 129. Faraday Shelves - DISTRICT COURT - 130. Faraday Racks - DISTRICT COURT - 131. Faraday Stands - DISTRICT COURT - 132. Faraday Pedestals - DISTRICT COURT - 133. Faraday Bases - DISTRICT COURT - 134. Faraday Supports - DISTRICT COURT - 135. Faraday Brackets - DISTRICT COURT - 136. Faraday Mounts - DISTRICT COURT - 137. Faraday Hangers - DISTRICT COURT - 138. Faraday Hooks - DISTRICT COURT - 139. Faraday Latches - DISTRICT COURT - 140. Faraday Locks - DISTRICT COURT - 141. Faraday Keys - DISTRICT COURT - 142. Faraday Handles - DISTRICT COURT - 143. Faraday Controls - DISTRICT COURT - 144. Faraday Interfaces - DISTRICT COURT - 145. Faraday Displays - DISTRICT COURT - 146. Faraday Screens - DISTRICT COURT - 147. Faraday Monitors - DISTRICT COURT - 148. Faraday Cameras - DISTRICT COURT - 149. Faraday Sensors - DISTRICT COURT - 150. Faraday Detectors - DISTRICT COURT - 151. Faraday Alarms - DISTRICT COURT - 152. Faraday sirens - DISTRICT COURT - 153. Faraday Speakers - DISTRICT COURT - 154. Faraday Microphones - DISTRICT COURT - 155. Faraday Headsets - DISTRICT COURT - 156. Faraday Earbuds - DISTRICT COURT - 157. Faraday Earplugs - DISTRICT COURT - 158. Faraday Earcups - DISTRICT COURT - 159. Faraday Earbuds - DISTRICT COURT - 160. Faraday Earplugs - DISTRICT COURT - 161. Faraday Earcups - DISTRICT COURT - 162. Faraday Earbuds - DISTRICT COURT - 163. Faraday Earplugs - DISTRICT COURT - 164. Faraday Earcups - DISTRICT COURT - 165. Faraday Earbuds - DISTRICT COURT - 166. Faraday Earplugs - DISTRICT COURT - 167. 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NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITALS CORPORATION (HHC) PERSONNEL. NYC 000157

Redacted

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